STARH COMPLIANCE REPORT
(AUG 2000 – SEP 2001)

October 2001

The STARH (Sustaining Technical Achievements in Reproductive Health) Program is a three-year project funded by the U.S. Agency for International Development under Cooperative Agreement No. 497-A-00-00-00048-00, effective August 22, 2000. The project is implemented by Johns Hopkins Center for Communication Programs, Johns Hopkins Program for International Education & Training in RH, John Snow International, Yayasan Kusuma Buana and PT. Manggala Jiwa Mukti.

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A Periodic Report from the STARH Program

STARH'S MONITORING FOR COMPLIANCE WITH STANDARD PROVISIONS, 22 AUGUST 2000 – 30 SEPTEMBER 2001

> "The best decisions about family planning are those that people make for themselves, based on accurate information and a range of contraceptive options. People who make informed choices are better able to use family planning safely and effectively. Providers and programs have a responsibility to help people make informed family planning choices (Upadhyay 2001)."

I. INTRODUCTION

In spending US funds, STARH is obligated by US law, and by the terms of its Contractual Agreement with USAID, to meet certain requirements; and to take certain actions to ensure these requirements are met. These requirements are contained in the Standard Provision on Voluntary Population Planning, included in the Cooperative Agreement (for STARH) between JHU/CCP and USAID/Jakarta (see Appendix A). The Standard Provision for STARH was last modified on 18 April 2001, so as to incorporate the new language (reflecting the "Mexico City policy") prescribed by the White House Memorandum dated 28 March 2001. Specifically, there are legal requirements pertaining to STARH's family planning and family planning-related activities, which fall under 3 main categories:

- Informed choice and the Tiahrt Amendment;
- Voluntary Sterilization; and
- Abortion and the Mexico City Policy.

This document reviews what STARH has done to ensure all its activities – and, where relevant, those of its partners and contractors – have been in full compliance with all the stipulated requirements; and the mechanisms it is currently putting in place to monitor compliance in future. The purpose of the document is to:

- summarize the standard provisions which apply to STARH;
- describe how STARH has monitored compliance with these standard provisions during its first year of operation, 22 August 2000 until 30 September 2001;
- present the findings on compliance during STARH's first year; and
- outline the mechanisms and procedures STARH will use to monitor compliance in the future.

STARH activities aimed at ensuring compliance are of two kinds. First, in the context of the full range of STARH's activities aimed at enhancing quality and choice in RH/FP, STARH seeks to identify weaknesses in existing service-providing and service-related systems and work with the GOI and other partners to strengthen them. Within this overall framework STARH identifies weaknesses and possible vulnerabilities with respect to the standard provisions, and, when considered necessary, takes appropriate

action to rectify any deficiencies. Second, in the context of its regular monitoring and evaluation activities it checks systems and their outputs for compliance. The first kind of activity aims to make sure no violations occur in the first place; the second aims to detect whether, despite these efforts, occasional violations still occur. The two kinds of activity are complementary and need to be understood in relation to one another. The present document gives more attention to the second, since details concerning the first kind of activity are already included in STARH's regular biennial reports.

II. INFORMED CHOICE AND THE TIAHRT REQUIREMENTS

The Tiahrt Amendment legislates specific requirements for family planning service delivery projects funded from USAID's Development Assistance account. These requirements were first enacted in 1998 as an amendment to the FY 1999 Appropriations Act, and re-enacted with the FY2000 and FY2001 Appropriations Acts. The amendment is intended to promote informed choice among family planning "acceptors" and protect them from coercion.

II.1. Standard Provisions

The Tiahrt Amendment requirements are specified (in part) in the CA as follows:

- "Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning."
- "The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception."
- "No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project."
- "The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the methods chosen, including those conditions that render the use of the method inadvisable and those adverse side effects known to be consequent of the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts."
- "The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits" (USAID 2001: para b).

II.2. USAID Tiahrt Assessment, March 2001

In this section and the following two we describe STARH's Tiahrt-related activities and findings. This present section summarizes the activities and findings of a special USAID Tiahrt Assessment Team; STARH's involvement constituted STARH's main Tiahrt-related activity during the early months of STARH until March 2001.

A USAID/Washington team visited Indonesia in March to assess real or potential vulnerabilities with respect to the Tiahrt Amendment in Indonesia's FP service delivery programs, and to make recommendations where appropriate. STARH coordinated this activity within Indonesia on behalf of USAID/Jakarta, and served as the Team's secretariat. STARH prepared a Briefing Paper (Hayes 2001) for use by the team when they arrived, and provided two team members. The team consisted of Joy Riggs-Perla, Mark Rilling and Barbara Seligman (from USAID/Washington); Pamela Wolf, Carol Rice, Bambang Samekto and Natalie Freeman (USAID/Jakarta); and Fitri Putjuk and Bimo (from STARH).

Full details can be found in the Assessment Team's Report (Riggs-Perla *et al*. 2001). In summary:

- "The assessment team did not find evidence of the use of targets and quotas as defined by the Tiahrt Amendment. …
- "The assessment team found no incentives as defined by the Tiahrt Amendment provided by the program. …
- "The assessment team found no evidence that policies permit the withholding of rights or benefits or that such rights or benefits are being withheld from individuals who do not accept family planning or a specific method of family planning.
- "Service providers appear to be knowledgeable about and experienced with providing information to acceptors, and have accurate and consistent information about the health benefits and risks, inadvisabilities and the side effects of available methods. The Tiahrt compliant wall charts had been distributed to the program areas visited by the team. Moreover, acceptors who were interviewed by the team accurately reported back information they had received about the selected method, indicating that they not only received the information but understood it. This means that the program is *exceeding* the requirements of the Amendment, which makes no reference to their comprehension of the information.
- "USAID/Indonesia does not finance use of or research studies involving experimental contraceptive drugs, devices or medical procedures and therefore this provision is not relevant to the program.
- "In summary, the team found that Indonesian family planning policy has undergone a dramatic change since the 1994 International Conference of Population and Development and that current policies are highly consistent with USAID policies of informed choice and voluntarism. An impressive effort has been made and is continuing to be made to inculcate the new paradigm (*Era*

> *Baru*) thinking into all levels in the program. USAID can play an important supportive role to help the Indonesian government as services become increasingly decentralized to the District level, to improve the availability and quality of services and protect the principles inherent in the Tiahrt Amendment. Continued attention to information needs of family planning users along with strengthening systems for getting community and acceptor feedback will be important elements of this transition in the program" (Riggs-Perla *et al*. 2001: iv-vi).

II.3. Further Tiahrt-related Activities undertaken by STARH

This section describes other Tiahrt-related activities completed by STARH (i.e., aside from contributing to the USAID Tiahrt Assessment), especially in the period since March 2001. A number of relevant monitoring and capacity-building activities were already in STARH's workplan before March, while some others have been introduced following the recommendations of the assessment team.

STARH is working with BKKBN, DepKes and other partners to enhance the principles of voluntarism and informed choice in the RH/FP program. It is now well-understood in the international family planning movement that "informed choice" is a complex process, and that "informed consent" and "comprehensible information" are necessary components but not, by themselves, sufficient conditions for informed choice (Upadhyay 2001). The national program coordinated by BKKBN is widely recognized as a successful and mature RH/FP program. The program still has significant weaknesses, however, especially in the broad area of quality of care. STARH is working with BKKBN, DepKes and others to eliminate (or at least alleviate) these weaknesses and enhance voluntarism and informed choice:

Tiahrt Posters

Early in 2001 STARH, working with BKKBN, adapted the "Tiahrt poster" to the Indonesian situation and translated it into Bahasa Indonesia. STARH produced 50,000 copies of the poster and distributed them to all provinces (except Aceh and Maluku) for display in service delivery points. The USAID Assessment Team found the posters on display in the SDPs they visited. When STARH rolls out its activities in the districts later this year it will monitor the distribution and display of these posters – and any other "tangibles" it has designed and distributed to promote more consistent provision of information to clients – more systematically.

Informed consent forms and procedures

Informed consent is a long-established practice in the national FP program (although there were times and occasions in the distant past when, in the opinion of some critics, the integrity of the process was compromised). In the case of surgical contraception the family planning movement actually pioneered informed consent in Indonesia long before it was required for other surgical procedures. Today the principle is fully

institutionalized, and clients are asked to sign an informed consent form, not only for surgical contraception but also in the case of IUD insertions.

STARH has held a series of meetings with BKKBN to improve the informed consent forms and related procedures. This activity is discussed in more detail in Part III below on voluntary sterilization.

Client-provider interactions and Smart Patient

The quality of an informed consent process is determined largely by the nature of client-provider interactions, as well as by supporting policies, communication programs, access to services, and program leadership and management (Upadhyay 2001). During the past several months STARH has been planning activities aimed at improving client-provider interactions. STARH has reviewed current provider training curricula on client-provider interactions; and has discussed with BKKBN how SDES recommendations on IPC/C feedback can be implemented. A major initiative being planned is to use and extend the "smart patient" concept to include "smart clients, smart providers, and smart communities" (although the precise terminology in bahasa Indonesia is likely to change: see McKee *et al*. 2001). The underlying idea is to empower clients and communities to ask questions; to know the main features of good quality care, and demand it be provided at service delivery points; and to be informed of their reproductive health rights, and to exercise them when they seek services. STARH activities here are based on standards of informed choice which in fact go far beyond the minimal standards codified in the Tiahrt Amendment.

II.4. Monitoring Mechanisms to be used beginning October 2001

As part of its routine monitoring activities (using QIQ and other STARH-initiated surveys) STARH will include a number of indicators that relate to Tiahrt-type issues of informed choice and quality of care. These include:

- percentage of SDPs with established mechanisms for acceptor and community feedback;
- number of SDPs with Tiahrt poster (wallchart) displayed;
- percentage of providers following informed choice guidelines; and
- percentage of providers using IEC materials for counseling.

The USAID Tiahrt Assessment Team suggested some additional monitoring mechanisms (Riggs-Perla *et al.* 2001: 15), including the use of:

- field visits; and
- linkages with civil society and women's groups.

As the assessment team noted, "Field visits present a good opportunity to interview service providers, supervisors, managers and acceptors, and to observe counseling sessions, all of which should help identify informed choice issues, including Tiahrt-specific ones, if they are present" (Riggs-Perla *et al.* 2001: 15).

STARH Trip reports will in future include a section for reporting any relevant observations on informed choice issues and compliance with the Tiahrt requirements. It is STARH policy that any member of STARH who observes a violation, or possible violation, of the Tiahrt requirements has a responsibility to report this to the STARH Program Head, who will then take appropriate action.

Members of STARH making field visits will also be asked on occasion to interview service providers, supervisors, and clients, using the Tiahrt Interview Protocols (see Appendix B). Given the maturity of the Indonesian program, Tiahrt violations are expected to occur only extremely rarely, if ever. The Interview Protocols will be useful in identifying informed choice-related vulnerabilities in the program, and will point to where further interventions are needed.

A second suggestion is to use linkages with civil society. STARH will hold periodic discussions with representatives of women's rights groups who might be addressing issues of informed choice and quality of care in RH/FP, and seek their opinions on these issues.

III. VOLUNTARY STERILIZATION

Additional requirements are specified in the CA in the case of voluntary sterilization.

III.1. Standard Provisions

As stated in the CA:

- "None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
- "The recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent form the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, or other forms of coercion or misrepresentation.
- "Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is

signed by the individual and by the attending physician or by the authorized assistant of the attending physician; …

- "The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure must be retained by the recipient for a period of three years after performance of the sterilization procedure" (USAID 2001: para c).

III.2. Monitoring Activities and Findings

During the first part of 2001 STARH made an assessment of surgical contraception (sterilization) in the national FP program, focusing on three aspects – the policy environment, access to services, and the quality of these services. The assessment, undertaken to provide a basis for deciding whether STARH should provide support for surgical contraception, considered issues of voluntarism and informed consent.

The assessment team found no evidence of involuntary sterilization being practiced, or of the use of coercion or incentives. Surgical contraception acceptors in the national program are provided with comprehensible information; they are informed of the nature of the method (including its irreversibility), of the associated risks and discomforts, and of alternative methods available. Surgical contraception procedures are only carried out after the client has freely given his or her informed consent, and signed an informed consent form as evidence of this.

Based on the assessment team's report, however, STARH does have reservations about the way the informed consent policy is implemented and documented. Counseling is typically given by the PLKB, and often without any additional counseling by a medically-trained provider at the service delivery point. Moreover the informed consent form is often signed by a program representative without necessarily being signed by the attending physician, or his or her authorized assistant. Informed consent is practiced, but the implementation could be improved.

STARH expressed its concerns about the informed consent procedures (and other quality issues) to BKKBN and DepKes, even before the STARH Report was officially released. Officials at both agencies have agreed that a number of issues, including the informed consent procedures, need to be revised and strengthened. A task force has been established by BKKBN and DepKes to address these quality issues, and STARH is providing technical assistance. Concurrently STARH has held a series of meetings with the BKKBN Deputy for FP and RH and his staff to improve the informed consent forms and procedures.

STARH has not made a decision yet on whether to support surgical contraception, but it has made it clear it will only be able to offer support if the informed consent procedures are enhanced, and are made fully consistent with the standard provisions on this matter included in the CA.

IV. ABORTION AND MEXICO CITY

President Bush has re-instated the so-called Mexico City policy, and the 18 April 2001 Modification of the CA reflects the new language prescribed by the White House.

IV.1. Standard Provisions

As stated in the CA:

- "No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortions as a method of family planning; and (v) lobbying for abortion.
- "No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.
- "The recipient agrees that it will not furnish assistance for family planning under this award to any foreign non-government organization that performs or actively promotes abortion as a method of family planning in USAID-recipient counties or that provides financial support to any foreign nongovernmental organization that conducts such activities. …
- "The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the sub-recipient) unless: (i) The sub-recipient certifies in writing that it does not perform or actively promote abortion as a method of family planning …" (USAID 2001: para's d & e).

IV.2. Monitoring Activities

The STARH Program has to date neither provided any FP services, nor made any contract to "furnish assistance for family planning … to any foreign non-government organization."

In anticipation of a time when we work with NGOs providing RH/FP services (including advocacy), STARH has been consulting with USAID on the implications of the Mexico City Policy for STARH, and is preparing a briefing paper to clarify the situation, especially for Indonesian counterparts and partners. The paper has 3 aims: (i) to summarize the main substance of MCP and its relevance to those working on RH/FP issues in Indonesia using USAID population funding; (ii) to recommend a principled strategy in response to the likely impact of MCP on RH/FP activities; and (iii) to

establish practical guidelines regarding what we can and cannot do under MCP with our partners to improve the quality and consistent use of RH/FP services.

V. REFERENCES

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Appendix A

Standard Provisions included in the STARH Cooperative Agreement

Appendix B

Draft Interview Protocols
Source: Riggs–Perla *et al*. 2001 : 30–32